

# HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0009 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: [sb@dhw.idaho.gov

November 10, 2010

Gary Fletcher, Administrator St Luke's Regional Medical Center 190 East Bannock Street Boise, Idaho 83712

RE: St Luke's Regional Medical Center, Provider ID# 130006

Dear Mr. Fletcher:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at St Lukes Regional Medical Center, on October 28, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the <u>Rules and Minimum Standards for Hospitals</u>.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES Health Facility Surveyor

Facility Fire Safety and Construction Program

MPG/li

Enclosure

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIF	PLE CONSTRUCTION  G 01	(X3) DATE SURVEY COMPLETED	
		130006	B. WII	NG		10/2	8/2010
	ROVIDER OR SUPPLIER	CAL CENTER		19	EET ADDRESS, CITY, STATE, ZIP CODE 90 EAST BANNOCK STREET OISE, ID 83712		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN		<b>Κ</b>	000			A. A
	composed of the D	nal Medical Center is cowntown campus and the with outpatient facilities ey.					
	Bannock street in Eresistive construction 643,085 square feet facility is fully sprint manual fire alarm, and off site. This coutpatient/medical construction types, The hospital is licer (downtown campus 18, 2010 and 267 of Meridian campus is Road in Meridian; a construction, six street square feet in the moffice building attachour fire resistive construction, six street and definition of site as well. In multiple outpatient varying construction building. The hospitand had a (Meridian October 18, 2010 at The buildings were Edition of the Life Street and the street and t	s is located at 190 East Boise; and is of type 1 fire on, 10 stories in height with et in the main building. The klered and detected with which is 24/7 monitored on site sampus includes multiple office buildings of varying surrounding the main building. Insed for 536 beds with a so census of 221 on October on October 19, 2010 as located at 520 South Eagle and is of type 1 fire resistive ories in height with 235,881 main building with a medical ched and separated by two construction. The facility is fully tected with manual fire alarm, tored at the downtown campus. This campus includes medical office buildings of in types surrounding the main tal is licensed for 536 beds in campus) census of 70 on and 85 on October 19, 2010 surveyed under the 2000 Safety Code, Chapter 19, re Occupancies, in accordance 1 (b).		The state of the s			
LABORATORY	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE	_	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		130006	B. WI	√G_		10/2	8/2010
	ROVIDER OR SUPPLIER	AL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 190 EAST BANNOCK STREET BOISE, ID 83712		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 000	Saint Luke's Region to be in substantial recertification surve 19, and 20, 2010 w conducted on Octo with the health care	nal Medical Center was found compliance during the ey conducted on October 18, with the exit conference ber 28, 2010 in conjunction e survey team.  ducting the survey were:  upervisor and Construction  C Specialist	K	0000			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

130006

A. BUILDING

B. WING \_\_\_\_\_

10/28/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### ST LUKES REGIONAL MEDICAL CENTER

190 EAST BANNOCK STREET BOISE, ID 83712

	S REGIONAL MEDICAL CENTER	BOISE, ID	83/12		,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	16.03.14 Initial Comments		B 000		
	Saint Luke's Regional Medical Center is composed of the Downtown campus and Meridian campus, with outpatient facilities throughout the valley.	d the			A NAMES OF THE PARTY OF THE PAR
	Downtown Campus is located at 190 Ea Bannock street in Boise; and is of type 1 resistive construction, 10 stories in heigh 643,085 square feet in the main building facility is fully sprinklered and detected wanual fire alarm, which is 24/7 monitor and off site. This campus includes multioutpatient/medical office buildings of var construction types, surrounding the main The hospital is licensed for 536 beds wit (downtown campus) census of 221 on C 18, 2010 and 267 on October 19, 2010	fire nt with . The with ed on site iple rying n building.			
	Meridian campus is located at 520 South Road in Meridian; and is of type 1 fire reconstruction, six stories in height with 23 square feet in the main building with a moffice building attached and separated behour fire resistive construction. The faci sprinklered and detected with manual fir which is 24/7 monitored at the downtown and off site as well. This campus include multiple outpatient medical office buildin varying construction types surrounding the building. The hospital is licensed for 536 and had a (Meridian campus) census of October 18, 2010 and 85 on October 19	sistive 85,881 nedical y two lity is fully e alarm, n campus es gs of he main beds 70 on			
	The buildings were surveyed under the 2 Edition of the Life Safety Code, Chapter Existing Health Care Occupancies, in ac with 42 CFR 482.41 (b) and IDAPA 16.0 Rules and Minimum Standards for Hosp Idaho.	19, cordance 3.14			

Bureau of Facility Standards

TITLE

(X6) DATE

Bureau of Facility Standards

(X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING\_ 130006 10/28/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

190 EAST BANNOCK STREET

		BOISE, ID	D 83712				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(X5) COMPLETE DATE			
B 000	Continued From page 1 Saint Luke's Regional Medical Center w	vas found	B 000				
A CALLED BOOK	to be in substantial compliance during the recertification survey conducted on Octo 19, and 20, 2010 with the exit conference conducted on October 28, 2010 in conjugate the health care survey team.	ne ober 18, ce	É				
	The surveyors conducting the survey we Mark P. Grimes, Supervisor	ere:					
d d	Facility Fire Safety and Construction  Taylor Barkley, LSC Specialist						
	Health Facility Surveyor						
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Bureau of Facility Standards

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